



# Check Address Form

## Instructions

Complete this form to do one of the following:

- **Update an Existing Check Address:** If the DA or person distributing the checks leaves the department or changes their physical location, you must update the Check Address to include either the new DA's name or the continuing DA's new location. This will affect all employees using that Check Sequence Code.
- **Request a New Check Address (very rare):** In the case of a new building or department, you can request that a new Check Address be created. Your request will be reviewed. You will be contacted when a decision is made. Please note that very few of these requests are approved.

Please return the completed and signed form to the Columbia Payroll Department.

## Updated Information for an Existing Check Address

Check Sequence Code: \_\_\_\_\_ Department: \_\_\_\_\_

Change Departmental Administrator Name

CURRENT Department Administrator Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NEW Department Administrator Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Change Check Address

### CURRENT ADDRESS

Building Name: \_\_\_\_\_

(if no Building Name, enter Street Address, Rm. #): \_\_\_\_\_

Mail Code: \_\_\_\_\_ (if no Mail Code, enter Campus Name): \_\_\_\_\_

City, State, ZIP (only use these fields if you entered a street address): \_\_\_\_\_

### NEW ADDRESS

Building Name: \_\_\_\_\_

(if no Building Name, enter Street Address, Rm. #): \_\_\_\_\_

Mail Code: \_\_\_\_\_ (if no Mail Code, enter Campus Name): \_\_\_\_\_

City, State, ZIP (only use these fields if you entered a street address): \_\_\_\_\_

## Request for a New Check Address

Department Name: \_\_\_\_\_ Department #: \_\_\_\_\_

Department Administrator Name: \_\_\_\_\_

Building Name: \_\_\_\_\_

(if no Building Name, enter Street Address, Rm. #): \_\_\_\_\_

Mail Code: \_\_\_\_\_ (if no Mail Code, enter Campus Name): \_\_\_\_\_

City, State, ZIP (only use these fields if you entered a street address): \_\_\_\_\_

## Authorization for Correction

### Department Approver

Dept. Approver Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Department: \_\_\_\_\_ Department #: \_\_\_\_\_ Email: \_\_\_\_\_